



**CITY OF RIVERSIDE
2017 COBRA
HEALTH/VISION and DENTAL**

HEALTH & DENTAL PROVIDER/COVERAGE CATEGORY*	MONTHLY MEDICAL/DENTAL PREMIUM	MONTHLY VISION PREMIUM	TOTAL (COBRA) MONTHLY PREMIUM**
Kaiser Permanente HMO \$15 COBRA			
Single	\$566.42	\$6.64	\$584.52
2-Party	\$1,144.14	\$9.50	\$1,176.71
Family	\$1,529.30	\$17.00	\$1,577.23
Kaiser Permanente HMO \$30 COBRA			
Single	\$513.06	\$6.64	\$530.09
2-Party	\$1,036.40	\$9.50	\$1,066.82
Family	\$1,385.28	\$17.00	\$1,430.33
Blue Cross HMO \$15 COBRA			
Single	\$632.40	\$6.64	\$651.82
2-Party	\$1,280.04	\$9.50	\$1,315.33
Family	\$1,767.96	\$17.00	\$1,820.66
Blue Cross HMO \$20 COBRA			
Single	\$535.94	\$6.64	\$553.43
2-Party	\$1,084.38	\$9.50	\$1,115.76
Family	\$1,497.10	\$17.00	\$1,544.38
BC PPO, Blue Card COBRA			
Single	\$899.12	\$6.64	\$923.88
2-Party	\$1,798.38	\$9.50	\$1,844.04
Family	\$2,293.58	\$17.00	\$2,356.79
Delta Dental PPO COBRA			
Single	\$65.82	N/A	\$67.14
2-Party	\$119.44	N/A	\$121.83
Family	\$168.18	N/A	\$171.54
Delta Care Dental PMI/DHMO COBRA			
Single	\$21.24	N/A	\$21.66
2-Party	\$32.18	N/A	\$32.82
Family	\$47.92	N/A	\$48.88
Local Advantage Dental Plan COBRA			
Single	\$65.82	N/A	\$67.14
2-Party	\$119.44	N/A	\$121.83
Family	\$168.18	N/A	\$171.54

*RATES ARE SUBJECT TO CHANGE

** INCLUDES 2% ADMINISTRATIVE FEE